



TOWN OF AMHERST  
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR  
LICENSE

To the Local Permit Agent:

Date: 7-3-09

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Charles Davian

ADDRESS: 390 CONNOR AVE  
Holyoke ma 01040

TELEPHONE: 5413 210-1672

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: celebrity cab

DATE OF BIRTH: 10-23-78 SOCIAL SECURITY #:           

HEIGHT: 5-07 WEIGHT: 180 HAIR: Black EYES: Blue

DRIVER'S LICENSE #:           

DATE OF EXPIRATION: 10-23-2010

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: Charles Davian

APPROVED/NOT APPROVED: Michael R. Smith Date 7/21/09  
Int Chief of Police

Date Approved/Denied:            License #           

Remarks: